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FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

09G088(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____(X3) DATE SURVEY
COMPLETED

R
01/10/2008NAME OF PROVIDER OR SUPPLIER

MTSSTREET ADDRESS, CITY, STATE, ZIP CODE
927 55TH STREET, NE
WASHINGTON, DC 20019(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETION
DATE

{W 000} INITIAL COMMENTS

A follow-up survey to the November 2, 2007 recertification survey was conducted on January 10, 2008, to verify corrective actions identified in the facility's submitted plan of correction.

The findings of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative to include the review of the facility's unusual incident reports.

{W 124} 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS

The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for two of three clients in the sample. (Clients #1 and #2)

The findings include:

1. Review of the Client #1's current physician orders on January 10, 2008 revealed that the client received the following medications: Buspar

{W 000}

{W 124}

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DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION
2007 JAN 25 P 4:51

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Freda Edwards for Cvetta Moore Residential Director

1/25/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 124}	<p>Continued From page 1</p> <p>10 mg BID, Benadryl 50 mg, Haldon 15 mg BID and Revia 50 BID for behavior management. Interview with the Qualified Mental Retardation Professional (QMRP) on January 10, 2007 at approximately 9:30 AM revealed that the client did not have a legal guardian. Further interview with the QMRP revealed that Client #1's sister signed consents for her medical procedures, however, she expired on 10/18/07. Review of the QMRP's monthly notes dated December 26, 2007 revealed that another sister was scheduled to visit the facility on December 28, 2007 and the QMRP would speak to her regarding guardianship. Review of the visitor's log, the sister visited the facility on January 5, 2007. The client's Individual Support Plan is scheduled for January 11, 2007 and the Interdisciplinary Team will inform the sister of the client's restrictive measures (psychotropic medications). The review of Client #1's Psychological Assessment dated December 1, 2006 indicated that the client is not able to make independent decisions covering her residential or placement, treatment plan or financial affairs. There was no documented evidence that the facility informed Client #1 or a legally authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.</p> <p>2. Review of Client #2's current physician orders on January 10, 2008 revealed that the client received the following psychotropic medications: Tegretol 300 mg BID, Anafranil 75 mg Q PM, Lithium Citrate 450 mg and Risperdal 4 mg BID. Interview with the nursing staff on the same day</p>	{W 124}			

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{W 124}	Continued From page 2 revealed that the medications were prescribed for behavior management. Review of the client's physicians orders revealed that medications were incorporated in a BSP dated 12/1/06, to address behaviors associated with aggression, self-injurious behaviors, property destruction, hitting, kicking, pushing people, screaming, throwing objects, spitting, and hyperactivity. Interview with the QMRP on January 10, 2008 at approximately 9:30 AM revealed that Client #2 did not have a legal guardian. Further interview with the QMRP revealed that Client #2's sister was involved and signed consents for her medical procedures, however, she was not the legal guardian. The review of Client #2's Psychological Assessment dated December 1, 2006 indicated that the client is not able to make independent decisions covering her residential or placement, treatment plan or financial affairs. There was no documented evidence that the facility informed Client #2 or a legally authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.	{W 124}	W124 Client #1's sister did attend her ISP meeting on 1-11- 08. At that time, she agreed to become the legal guardian for client #1 and was given the appropriate papers to complete. The QMRP and case manager will follow up with the sister of client #1 until her status as legal guardian is finalized. 2-28-08. The QMRP will update the status of follow routinely in her monthly notes. 2-10-08. The sister of client #2 has also been located and contacted and has agreed to become her legal guardian. Assisted by the case manager, the QMRP will follow up with the sister providing her with the paperwork necessary to begin the process. The QMRP will follow up until the sister has been legally established as the guardian. 2-28-08.		
{W 159}	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's Qualified Mental Retardation	{W 159}			

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{W 159}	<p>Continued From page 3</p> <p>Professional (QMRP) failed to integrate, coordinate and monitor its clients active treatment programs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility's QMRP failed to ensure that staff demonstrated competency in implementation of Behavior Support Plan (BSP). [See W193] 2. The facility's QMRP failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP) made certain that the data collection system was directly related to the outcome of the objective. [See W237] 3. The QMRP failed to ensure that each client's Individual Program Plan (IPP) objectives are documented consistently and accurately. [See W252] 4. The QMRP failed to coordinate with the Interdisciplinary Team (IDT) to explore whether Client was a candidate for dentures or a bridge to address her missing front teeth as evidenced below: <p>Observations conducted on January 10, 2007 revealed Client #2 missing her front teeth. Interview with the Licensed Practical Nurse on January 10, 2008 at approximately 10:00 AM revealed that she was unsure whether or not Client #2 has been assessed for dentures or a bridge for her missing front teeth. Interview with the facility's LPN on the same day at approximately 1:30 PM revealed that Client #2 has never been assessed for dentures or a bridge. Review of the Plan of Correction dated</p>	{W 159}			

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{W 159}	Continued From page 4 December 5, 2007 revealed that the QMRP would coordinate with the LPN to scheduled an appointment with the dentist to assess the need for dentures or a bridge. At the time of the survey, the QMRP failed to coordinate the dental appointment.	{W 159}	W159 1. The QMRP has contacted the licensed psychologist to schedule training on the BSPs and data collection systems. The QMRP has provided initial training to staff and the licensed psychologist will follow up with further training by... 2-7-08.		
{W 189}	483.400(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The findings include: 1. The facility failed to ensure that newly hired staff demonstrated competency in the implementation of Client #1 Behavior Support Plan (BSP). [See W183] 2. The facility failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP)	{W 189}	2. The QMRP will complete the process of modifying the cited measurable objectives by... 1-26-08. 3. Same as above (#2). 4. The dental appointment for client #2 has been scheduled for... 2-6-08. 5. See responses for W124.		

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{W 189}	Continued From page 5 specified the type of data necessary to assess progress toward the desired objective. [See W237]	{W 189}	W189 1. As mentioned in W159, the licensed psychologist has been contacted so as to schedule training on the BSPs and behavioral data collection systems. This training will occur by...2-7-08. The QMRP will provide new staff with initial training during their in-home orientation and they will receive follow up via psychology during her routine quarterly visits.....2-7-08. 2. See responses for W237. 3. See responses for W252	
{W 193}	483.430(e)(3) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. This STANDARD is not met as evidenced by: Based on observations, staff interviews and the review of records, the facility failed to ensure that newly hired staff demonstrated competency in the implementation of Client #1 Behavior Support Plan (BSP). The finding includes: Review of the Plan of Correction dated December 5, 2007 and review of the training records on January 10, 2008 revealed that the facility's Qualified Mental Retardation Professional failed to provide training by the Psychologist as indicated. ***** Observations conducted on 10/30/07 at approximately 5:25 PM revealed Client #1 hitting one housemate on the right shoulder three times and attempting to hit another housemate. Further observations revealed that the direct care staff prompted Client #1 to stop while standing	{W 193}		

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{W 193}	Continued From page 6 between her and the other housemate. Interview with the direct care staff at approximately 5:36 PM revealed that she had not been trained on the clients Behavior Support Plans (BSP). Further interview with the staff revealed that she had only been working at the facility six (6) days. Review of the BSP dated 12/3/06, revealed that the client has targeted behaviors that included hitting or attempts to hit with intent to harm. Further review revealed that when the client shows stereotyped behaviors, staff should implement the following steps: a. Actively engaged continuously b. Redirect early to an activity or a task she likes c. Do not just tell her stop d. Teach her to use her hands by giving something to hold, fold, place, drop, squeeze e. Redirect her with sensory materials f. Praise for cooperation Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at 10:00 AM acknowledged that the newly hired staff had not received training on the clients BSP. There was no evidence that staff demonstrated competency in Implementation of Client #1's BSP.	{W 193}	W193 See responses for W159 above (#1). In addition, the QMRP will monitor appropriate implementation of BSP strategies during her routine observations as will the licensed psychologist during her periodic visits. Both will provide on the spot training if needed based on what they observe...2-1-08.		
{W 237}	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure that each written training program	{W 237}			

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{W 237}	<p>Continued From page 7</p> <p>designed to implement the objectives in the individual program plan (IPP) specified the type of data necessary to assess progress toward the desired objective for one of three clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>Review of the Plan of Correction dated December 5, 2007 and review of the IPP on January 10, 2008 revealed that the facility's Qualified Mental Retardation Professional (QMRP) failed to make the modification to reflect clear, measurable objective and matching data collection systems.</p> <p>*****</p> <p>1. Review of Client #1's Individual Programs Plan (IPP) and data collection on 11/2/07 at approximately 8:24 AM revealed the following objectives:</p> <p>a. The client will set the table with a peer on 7/7 sessions.</p> <p>b. The will client express herself at the appropriate time with physical assistance down to verbal prompts on 4/5 trials.</p> <p>According to the data sheets, staffs' documented a (+) if the client completed the task and (-) if the client did not complete the tasks or refused. The data sheet did not reflect at what level of assistance was being used. It could not be determined how these goals were being measured for progress. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 11:55 PM acknowledged that the current data collection</p>	{W 237}			

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{W 237}	Continued From page 8	{W 237}	The QMRP will complete the process of modifying		
	system did not provide accurate measurement		the cited measurable objectives by..... 1-26-08.		
{W 252}	493.440(e)(1) PROGRAM DOCUMENTATION	{W 252}	The residential director will review the modifications		
	Data relative to accomplishment of the criteria		to insure they establish clearly measurable parameters		
	specified in client individual program plan		consistent with the skill being trained... 1-28-08.		
	objectives must be documented in measurable				
	terms.				
	This STANDARD is not met as evidenced by:				
	Based on observation, staff interview, and record				
	review, the facility failed to ensure that each				
	client's Individual Program Plan (IPP) objectives				
	are documented consistently and accurately for				
	one of three clients in the sample. (Client #1)				
	The finding includes:				
	Review of the Plan of Correction dated December				
	5, 2007 indicated that the facility's Qualified				
	Mental Retardation Professional (QMRP) will				
	coordinate with the Psychologist to ensure that				
	staff receive training on Client #1's Behavior				
	Support Plan and data collection. Further review				
	of the training record on January 10, 2008 at				
	approximately 8:00 AM revealed no evidence that				
	the facility's QMRP scheduled an inservice				
	training with the Psychologist.				

	Observations conducted on 10/30/07 at				
	approximately 5:25 PM revealed Client #1 hitting				
	one housemate on the right shoulder three times				
	and attempting to hit another housemate. Further				
	observations revealed the client banging her				
	head, stomping, and arm swinging. Review of				

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{W 252}	Continued From page 9 Client #1 Behavior Support Plan (BSP) dated 12/3/06 on 11/1/07 at approximately 2:52 PM revealed that staff was to record target behaviors on the Antecedent Behavior Consequence (ABC) charts. On 11/2/07 at approximately 8:24 AM the review of the data chart revealed that Client #1 had behaviors of laying on the floor and hitting her head. Further review of the data collection sheets did not reflect Client #1 stomping, arm swinging, and hitting others was observed on 10/30/07. There was no evidence that the data had been collected in accordance with the BSP for Client #1, which was necessary for a functional assessment of the client's progress.	{W 252}	W252 See responses for W159 (#1)		
{W 263}	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee (Human Rights Committee) failed to ensure that restrictive programs were used only with written consents, for two of three clients included in the sample. (Client #1 and #2). The findings includes: Review of the Plan of Correction (POC) dated December 5, 2007 and review of the clinical record on January 10, 2008 revealed that Clients #1 and #2 received written consents for restrictive measures.	{W 263}			

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{W 263}	Continued From page 10 ***** The facility's HRC failed to ensure that informed consent had been obtained for the use of Client #1's and #2's Behavior Support Plan (BSP) in conjunction with the use of prescribed psychotropic medications as evidenced below: 1. There was no evidence that written consent had been obtained for Client #1's Behavior Support Plan (BSP), for the use of the prescribed psychotropic medications. Interview with Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:15 PM revealed that Client #1 did not have written informed consent signed by a guardian or any other person identified as responsible at the time of the survey; however, the QMRP submitted paper to obtain guardianship for the client. [See W124] 2. There was no evidence that written consent had been obtained for Client #2's Behavior Support Plan (BSP), for the use of prescribed psychotropic medications, and sedation prior to medical appointments. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:55 PM revealed that Client #2's sister signed consents for treatment. [See W124]	{W 263}	W263 See responses for W124		
{W 356}	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.	{W 356}			

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{W 356}	<p>Continued From page 11</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the facility failed to ensure comprehensive treatment services for the maintenance of dental health for one of three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>Observations conducted on January 10, 2008 at 8:00 AM revealed that Client #3 appeared to have a heavy build up plaque and discoloration around her teeth. Review of the client's medical records on January 8, 2007 at approximately 9:00 AM revealed an initial dental consult dated June 11, 2007. According to the consult, the dentist recommended patient needs scaling due to heavy calculus deposits, and the dentist, "will submit pre-authorization to Medicaid for approval." Interview with the facility's Licensed Practical Nurse (LPN) on January 10, 2008 confirmed that Client #3 saw the dentist on June 11, 2007 and scaling was recommended.</p> <p>Review of the Plan of Correction (POC) dated December 5, 2007 on January 10, 2008 revealed that the facility's Qualified mental Retardation Professional (QMRP) will coordinate with the nursing to ensure that dental follow up is scheduled for Client #3 by December 30, 2007. At the time of the monitoring visit, the facility failed to adhere to it's POC. Interview with the nurse on January 10, 2008 at approximately 9:00 AM revealed that she had not called the dental office to obtained for approval for dental services (scaling).</p>			{W 356}	<p>W356</p> <p>As mentioned, the dental follow up for client #3 is scheduled for 2-11-08.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/10/2008
NAME OF PROVIDER OR SUPPLIER M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{1 000}	INITIAL COMMENTS A follow-up survey to the November 2, 2007 recertification survey was conducted on January 10, 2008, to verify corrective actions identified in the facility's submitted Plan of Correction. The findings of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative to include the review of the facility's unusual incident reports.	{1 000}			
{1 229}	3510.6(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specially areas related to the GHMRP and the residents to be served, including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on observations, interview, and record review, the GHMRP failed to ensure that newly hired staff demonstrated competency in the Implementation of Resident #1's Behavior Support Plan (BSP) The finding includes: Review of the Plan of Correction (POC) dated December 5, 2007 and review of the training records on January 10, 2008 failed to provide evidence that the staff had received training from the Psychologist and indicated in the POC. *****	{1 229}			

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6689

7JC212

If continuation sheet 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/10/2008
NAME OF PROVIDER OR SUPPLIER MTS		STREET ADDRESS, CITY, STATE, ZIP CODE 327 55TH STREET, NE WASHINGTON, DC 20019			
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{ 229 }	<p>Continued From page 1</p> <p>The facility failed to ensure staff displayed competency in implementing Resident #1's BSP as evidence below:</p> <p>Observations conducted on 10/30/07 at approximately 5:25 PM revealed Resident #1 hitting one housemate on the right shoulder three times and attempting to hit another housemate. Further observations revealed that the direct care staff prompted Resident #1 to stop while standing between her and the other housemate. Interview with the direct care staff at approximately 5:36 PM revealed that she had not been trained on the clients Behavior Support Plans (BSP). Further interview with the staff revealed that she had only been working at the facility six (6) days. Review of the BSP dated 12/3/06, revealed that the client has targeted behaviors that included hitting or attempts to hit with intent to harm. Further review revealed that when the client shows stereotyped behaviors, staff should implement the following steps:</p> <ul style="list-style-type: none"> a. Actively engaged continuously b. Redirect early to an activity or a task she likes c. Do not just tell her stop d. Teach her to use her hands by giving something to hold, fold, place, drop, squeeze e. Redirect her with sensory materials f. Praise for cooperation <p>Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at 10:00 AM acknowledged that the newly hired staff had not received training on the clients BSP. There was no evidence that staff demonstrated competency in implementation of Client #1's BSP.</p>	{ 229 }	<p>Chapter 35</p> <p>3510.5 (i)</p> <p>Psychology training will be held by... 2-7-08.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/10/2008
NAME OF PROVIDER OR SUPPLIER M T S			STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019		
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{1 422}	Continued From page 2	{1 422}			
{1 422}	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure Residents was provided habilitation, training and assistance with their Individual Support Plan (ISP). [See Federal Deficiency Report - Citations W159, W237 and W255]	{1 422}	3521.3 See responses for W159, W237 and W255		
{1 500}	3523.1 RESIDENTS RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure Residents was provided habilitation, training and assistance with their Individual Support Plan (ISP). [See Federal Deficiency Report - Citations W124, and W263]	{1 500}	3523.1 See responses for W124.		

facsimile transmittal

To: Ms. Gayle Dugger From: Freda Edwards M.T.S 92755th

Fax: (202) 442-9430 Date: 1/25/08

Phone: (202) 442-4732 Pages: 110 including cover page

Re: Responses for Survey conducted on 1/10/08 cc: Everette Moore

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes: Ms. Dugger
I am sending you the responses
for the Survey conducted at 92755th St. NE
on 1/10/08. Please call me at the following
number to let me know that you have received
the responses (202) 297-5208 or (202) 398-2618

Thank You,
FREDA